

WRITE ONLY WITH UNFADING INK.—THIS IS A SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 125-1
Registered No. _____

1. PLACE OF BIRTH

County Sila State _____

District or Township _____ or Village _____

City Winfulman No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Isabel Andazola { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? Yes 7. Date of birth Dec 4 1926 Month Day Year

8. FATHER Full name Ascension Andazola 14. MOTHER Full maiden name Carmen Mangaray

9. Residence (Usual place of abode) Chrylma 15. Residence (Usual place of abode) Christmas
If non-resident, give place and state. Army If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 26 (Years) 16. Color or race Mexican 17. Age at last birthday 28 (Years)

12. Birthplace (city or place) Chihuahua 18. Birthplace (city or place) Manamouth
(State or country) Mexico (State or country) Arizona

13. Occupation Miner 19. Occupation Housewife
Nature of industry Nature of industry

20. Number of children of this mother. 6 (a) Born alive and now living 4 (b) Born alive but now dead 1 (c) Stillborn 1
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive on the date above stated

Signature Charles B. Husted (Physician or midwife).

Given name added from a supplemental report _____ Address Hayden Arizona

Month, day, year _____ Filled Jan 5 1927 Registrar P. B. Husted

Registrar _____

111-1204-348